



REQUEST FOR INFORMATION

In order to keep our records current, please complete and return this form to our office as soon as possible.

Please check all that apply:

- _____ I am currently enrolled in an allied health care program and expect to graduate: _____. **(Please attach enrollment verification/class schedule.)**
(month/year)
- _____ I am not currently enrolled in an allied health care program. I anticipate enrollment in an allied health care program for the _____ term.
(Semester / Year)
- _____ I am currently employed as a _____ at _____.
(Position Title)
(Name of Facility) **(If you have not done so already, please attach employment verification.)**
- _____ I am not currently employed.
- _____ None of the above apply to me. **(Please explain your current academic and/or employment status. Continue on the back of this page if necessary.)**



☐ **Address/telephone number change.**
(Please print or type)

(Name)

(Address)

(City, State, Zip)

(Telephone Number)

Please provide current E-mail address below. (Please print or type)

Would you like to receive correspondence via E-mail?

Yes ☐ **No** ☐

Printed Name: _____

Signature _____

Please contact our office at (800) 773-1669, if you have any questions regarding this form.